



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

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DELAWARE EXAMINING BOARD OF PHYSICAL THERAPISTS AND ATHLETIC TRAINERS
APPLICATION FOR LICENSURE/EXAMINATION

TYPE OF LICENSE(S) FOR WHICH YOU ARE APPLYING

Select one from each column:

Type	Application by:			Are you requesting temporary licensure? (check if applicable)
	Examination	Reciprocity	Reinstatement	Temporary
Physical Therapist				
Physical Therapist Assistant				
Athletic Trainer				

IDENTIFICATION

- Full Name: _____
First Middle Last
- Address: _____
- City: _____ State: _____ Zip: _____
- Telephone: (Daytime) _____ (Evening) _____ 5. Email: _____
- Social Security Number: _____
If you do not have a Social Security Number, obtain an alternate identifying number from the Federation of State Boards of Physical Therapy and enter "None" above.
- IF applying for temporary licensure, provide the following information about your Delaware-licensed Supervising Physical Therapist or Athletic Trainer:

Name: _____
Place of Employment: _____
Telephone: _____ Delaware License Number: _____

EDUCATION

- List all colleges/universities where you earned a physical therapy/athletic training degree:

NAME	CITY/STATE/COUNTRY	DATES	DEGREE/CERTIFICATE

- Have an official transcript showing degree conferred and date, sent directly from the school to the Board office.
- If you received your education outside the U.S. at a school that is not accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE), **even if** you received a **transitional** Doctorate of Physical Therapy from a U.S. school, you must submit a credential evaluation prepared by one of these independent agencies: International Consultants of Delaware Inc., International Educational Research Foundation Inc., Educational Credential Evaluators Inc., or Foreign Credentialing Commission for Physical Therapists. Their addresses are available at www.dpr.delaware.gov.

LICENSURE/PRACTICE

9. List all state(s) in which you have ever held a license:

Verification of licensure from each state should be sent directly from each state to the Board office.

All applicants must answer the following two (2) questions.

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes_____ No_____ **If yes, submit a certified copy of your criminal history record.**
11. Has your license ever been revoked or suspended or other disciplinary action taken or pending or your application for license or registration been refused, revoked or suspended by the authorities of another state, territory, or country? 24 Del. C. §2616 Yes () No () _____

If yes, arrange for the State(s) to send information about the disciplinary action(s) to the Board.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fee is not refundable.

Signature of Applicant

Printed Name of Applicant

Sworn to and subscribed to before me this _____ day of _____ in the year _____.

NOTARY PUBLIC/Affix Seal

My commission expires: _____

State of _____

County of _____

Please refer to our website for additional information regarding application procedures: www.dpr.delaware.gov

Revised 7/2005